

21151

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

137-a

Place of Birth Globe County Pima No. _____ St. _____
(Registration District)

SEX OF CHILD* <u>Male</u>	Twin Triplet or other? { } and { }	Number in order of birth
DATE OF BIRTH* <u>Sept-12-1924</u> (Month) (Day) (Year)		
FULL NAME <u>Frank H Sheppard</u>	FATHER	
FULL MAIDEN NAME <u>Lourene Williams</u>	MOTHER	

I HEREBY CERTIFY that the child described herein has been named
Frank Nugget Sheppard
(Give name in full) (Surname)
Lou Williams
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

10M-8-42-Bower Co.

624-912-362